Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1)		(Colur	(Column 2)		TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			12					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = *			· · ·		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	700
CLAIMS AS AMENDED - PART II								,	3		OTHER	
		(Column 1)		(Column 2) (Column 3))	SMALL		OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				X\$ 9=		OR	X\$18=	^
	Independent	* NTATION OF MU	Minus	***	CL AIM	=	┨┃	X42=	المحددة	OR	X84=	
لينا	THEOLI	TATION OF WIL		ENDENT	CLAIN		J	+140=		OR	+280=	
19						9 (2) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	* 1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3))_	-		-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	╽╽	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAINA	=		X42=		OR	X84=	
<u> </u>	TINOS FRESEI	NTATION OF WIL	JLI IPLE: DEF	ENDEN	CLAIM		┙╽	+140=		OR	+280=	
		,					L	TOTAL ADDIT, FEE	·		TOTAL ADDIT, FEE	
		(Column 1)	i i	(Colur		(Column 3)			ž.		ADDITTEL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	┨┨	X\$ 9=		OR ·	X\$18=	
	Independent	* NTATION OF MI	Minus	***	F CL AINA	=		X42=		OR	X84=	
L	PHOLENESE	IVIATION OF MI	OLITE DE	CINDEIN	CLANVI		┙╏	+140=		OR	+280=	
*	f the entry in colur If the "Highest Nur	nn 1 is less than th mber Previously Pi	ne entry in colu aid For" IN THI	mn 2, write S SPACE i	e "0" in col s less that	umn 3. n 20. enter "20	L ."	TOTAL		ΩD	TOTAL	
***	If the "Highest Nur	mber Previously Pa ber Previously Pa	aid For" IN THI	S SPACE i	is less tha	n 3, enter "3."	_	ADDIT. FEE	ropriate box		ADDIT. FEE umn 1.	u